

Foster Family Home - Corrective Action Report

Provider ID: 1-560319

Home Name: Leila Stringer, NA

94-332 Pauwala Place

Mililani

HI 96789

Review ID: 1-560319-5

Reviewer: David Ayling

Begin Date: 8/14/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 8/14/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date